



*Vacation Buy Plan
Enrollment Form*

EMPLOYEE INFORMATION			
BNL LIFE #	BNL BLDG #	COMPANY NAME BROOKHAVEN SCIENCE ASSOCIATES	IBEW UNION: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
SOCIAL SECURITY NUMBER		PAYROLL FREQUENCY: (check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	
LAST NAME		FIRST NAME	M.I.
PRE-TAX VACATION BUY AMOUNT			
VACATION BUY PLAN	ANNUAL VACATION BUY HOURS ELECTED: (MINIMUM 8 HOURS / MAXIMUM 40 HOURS IN 1 HOUR INCREMENTS) _____ HOURS		
AUTHORIZATION			
I hereby authorize my employer to reduce my earnings for the purchase of vacation hours under the Vacation Buy Plan based on my election above.			
SIGNATURE			DATE

FOR EMPLOYER USE ONLY
EFFECTIVE DATE (REQUIRED)

RETURN THE COMPLETED FORM TO THE BENEFITS OFFICE, BLDG. 185.